## HOSPITAL STATEMENT OF COSTS Effective Date: February 22, 2013

This form is authorized by SDCL. 28-13, and hospitals are required to file the completed form with the Department of Social Services at least annually to participate under the County Poor Relief Program.

Name of Hospital:	Avera Gregoy Hospital		
Address:	400 Park St, Gregory, SD	57533	
Period covered by statement:	From	7/1/11	to 6/30/12

NOTE: SDCL 28-13-28. A hospital may avail itself of the provisions of this chapter for purposes of determining payment for hospitalization of a medically indigent person only if the hospital has filed a detailed statement of costs with the secretar of social services in the form prescribed by the secretary. The statement of costs shall compute and set forth the ratios of costs to charges for the hospital's fiscal year covered by the statement of costs. The statement of costs shall be filed with the secretary at least annually, unless such period is extended or otherwise provided by the secretary, but a hospital may file a detailed statement of costs or amendments to such a statement once every six months.

NOTE: SDCL :: 8-13-31. No statement of costs, or amendment thereto, may take effect until approved by the Secretary of Social Services and the expiration of thirty days from the filing thereof, and thereafter, for purposes of this chapter, shall remain in full force and effect until the next statement of costs, or amendment thereto, filed by the hospital pursuant to 28-13-28 is approved by the secretary. Any such statement of costs, or amendments thereto, shall be a public record and be available for inspection at any time in behalf of any board of county commissioners. (The thirty day timeframe under this statute shall be calculated pursuant to SDCL 15-6-6(a).)

DEPARTMENT	AL LISTING	Column A - Cost (Per Medicare Cost Report)	Column B - Charges (Per Medicare Cost Report)	Ratio of Cost to Charges Column A Divided by Column B
INPATIENT ROUT	INE SERVICE	<b>41,938,918</b>	1,933,557	1.00277261
NURSING	CARE	2,913,154	* 2,374,371	1.226916097
SPECIAL	CARE			
intensive Ca	re Unii			
Coronary Ca	re Unit			
Intermediate C	are Unit	<u> </u>		
Acute Care	Unit			
NURSERY	CARE	21,875	6,200	3.528225806
ANCILLARY I	ERVICE	6,886,098	13,021,303	0.528833251
OBSERVATIO	N BEDS	195,776	263,596	0.742712